ADDENDUM TO BUILDING PERMIT

Municipality: Upper Allen Township
Date Issued
 Permit No

I. The Applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits:

   _____ Certificate of Insurance (Please attach)
   _____ Certificate of Self-Insurance (Please attach)
   _____ Affidavit of Exemption (Complete Section III below)

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

   Name of Insurer or Self-Insurer: ________________________________
   Address _______________________________________________________
   City ___________________________ State _______________ Zip Code ______
   Policy No ___________________________ Coverage Period Ends _____________

   Name of Contractor/Policyholder ________________________________
   Address _______________________________________________________
   City ___________________________ State _______________ Zip Code ______
   Contractor/Policyholder’s Federal/State Employer Identification Number (EIN) ______

1. This policy provides coverage for the requirements of the Worker’s Compensation Act, the
   Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Worker’s
   Compensation Act.
2. The Insurer has been notified that the municipality issuing the Building Permit is to be named a
   policy certificate holder.
3. Any Subcontractors used on this project will be required to carry their own Worker’s Compensation
   coverage.
4. The Contractor/Policyholder will notify the municipality of any change in status, cancellation or
   expiration of Worker’s Compensation coverage.
5. Violation of the Worker’s Compensation Act or the terms of this permit will subject the
   Contractor/Policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a Notary
   Public.

   Basis for exemption (Check One)

   _____ Applicant is an individual who owns the property
   _____ Contractor/Applicant is a sole proprietorship without employees
   _____ Contractor/Applicant is a corporation and the only employees working on the project have and
   are qualified as “Executive Employees” under Section 104 of the Worker’s Compensation Act.
   Please explain: _______________________________________________________

__________________________________________________________
Notary Public

Z:\Community Development\Forms and Templates\Applications\Building Permit-State Insurance Addendum.docx
_____ All of the Contractor/Applicant’s employees on the project are exempt on religious grounds under Section 304.2 of the Worker’s Compensation Act. Please explain: ____________________________


_____ Other, Please explain: __________________________________________________________

Name of Applicant ____________________________
Address ____________________________
City ____________________________ State ____________ Zip Code ________________

Applicant’s Federal/Employer Identification Number (EIN) ______________________________________

1. Any Subcontractors used on this project will be required to carry their own Worker’s Compensation coverage.
2. The Applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Worker’s Compensation Act or the terms of this permit will subject the Applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the Contractor/Applicant for this Building Permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 PA C.S.A. S4904 relating to unsworn falsifications to authorities.

____________________________
Signature

____________________________
Name (Please Print)

____________________________
Title

____________________________
Name of Company

Note: Applicant’s Copy to be attached to permit and posted.
Municipality’s Code to be filed with the Permit Copy